

April 26, 2012

Ms. Marlene Dortch, Secretary Federal Communications Commission 455 12<sup>th</sup> Street, SW Washington, D.C. 20554

Re: In the Matter of Lifeline and Link Up Reform and Modernization; Lifeline and Link Up; Advancing Broadband Availability through Digital Literacy Training; and Federal-State Joint Board on Universal Service. WC Docket Nos. 11-42; 03-109; and 12-23; and CC Docket No. 96-45.

In the Matter of Rural Health Care Support Mechanism, and Funding Pilot Program Participants Transitioning out of the Rural Health Care Pilot Program in Funding Year 2012. WC Docket No. 02-60.

FCC Declaratory Ruling on Call Completion. DA 12-154.

Dear Ms. Dortch,

On April 24, the undersigned met with Christine Kurth, Policy Director and Wireline Counsel to Commissioner Robert McDowell. We discussed the abovecited dockets.

MTA noted the substantial unfunded compliance burdens imposed on rural telecommunications providers and their consumers alike resulting from the recent *Lifeline Order* (FCC 12-11). MTA urged the Commission to establish both a national address/name verification database and a national program eligibility database prior to imposing compliance burdens on carriers and consumers.

MTA also reiterated its concerns—as articulated in its April 18, 2012 comments on the *Lifeline FNPRM*—about the uncontrolled growth of the Lifeline Program and the risk such growth poses to the Universal Service Fund if the *Lifeline Order* fails to contain costs as projected. MTA recommended elimination of the Lifeline "identical support" mechanism by which prepaid wireless Lifeline-only ETCs receive the same level of Lifeline support as other ETCs, despite no relationship between the amount of support and the cost of providing service.

Regarding the Rural Health Care Program, MTA reiterated its concerns with funding infrastructure construction through the Rural Health Care Program and the Pilot Program. Such construction is ill advised from both legal and policy perspectives. MTA cautioned against continued funding of pilot projects that have not been subject to proper due diligence in the first place. MTA noted the U.S. GAO report (GAO 11-27), which recommended the establishment of proper

Christine Kurth April 26, 2011 Page 2

guidelines, measurements and standards before proceeding further with Rural Health Care Program projects. MTA also noted that the Commission has not yet concluded its own review of the Rural Health Care Program as proposed in its 2010 Rural Health Care Notice of Proposed Rulemaking (see MTA Comments, September 10, 2010.) Thus, it is premature to continue funding for projects that were intended as trial balloons or to transition such experimental projects into the primary Rural Health Care Program.

MTA also discussed the above-captioned Call Completion Declaratory Ruling (DA 12-154). MTA commended the Commission for issuing the Ruling; however, the ruling has made no difference "on the ground" in terms of mitigating the continued problem of originating carriers' and their agents' failure to ensure the proper completion of telephone traffic on the nation's public switched network. MTA urges the Commission to investigate specific carriers and initiate enforcement proceedings against one or more carriers to send the message to all carriers that such call termination failure must stop immediately.

Respectfully submitted,

/s/

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cc. Christine Kurth